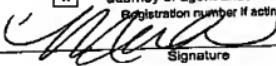


AUG 22 2005

PTO/SB/22 (12-04)

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PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2005 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818))		Docket Number (Optional) HO-P02190US1	
Application Number	10/850,412-Cont. #8563	Filed August 28, 2003	
For MICROFABRICATED APPARATUS FOR CELL BASED ASSAYS			
Art Unit 1744	Examiner W. H. Beisner		
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.			
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):			
<input type="checkbox"/> One month (37 CFR 1.17(a)(1))	Fee \$120	Small Entity Fee \$60	\$
<input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2))	\$450	\$225	\$ 450.00
<input type="checkbox"/> Three months (37 CFR 1.17(a)(3))	\$1020	\$510	\$
<input type="checkbox"/> Four months (37 CFR 1.17(a)(4))	\$1590	\$795	\$
<input type="checkbox"/> Five months (37 CFR 1.17(a)(5))	\$2160	\$1080	\$
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.			
<input type="checkbox"/> A check in the amount of the fee is enclosed.			
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.			
<input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.			
<input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>06-2376</u> . I have enclosed a duplicate copy of this sheet.			
I am the <input type="checkbox"/> applicant/inventor.			
<input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).			
<input type="checkbox"/> attorney or agent of record. Registration Number _____			
<input checked="" type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____			
 <u>Melissa W. Acosta, Ph.D.</u> Signature Typed or printed name			
45,872 August 22, 2005 Date (719) 651-5407 Telephone Number			
NOTE: Signatures of all inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.			
<input type="checkbox"/> Total of	1	Forms are submitted.	

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PAGE 3/13 * RCV'D AT 8/22/2005 2:25:59 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-6/34 * DNI:2738300 * CSID: * DURATION (mm:ss)04:04

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